



CHILDREN AND FAMILIES COMMISSION PROGRAM PROPOSAL

AGENDA ITEM: #8
DATE OF MEETING: March 20, 2003
ACTION: X

PROJECT TITLE: FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT

I. SUMMARY OF REQUEST

This is a funding proposal for a \$20 million investment in a First 5 California Special Needs Project to support children with disabilities and other special needs including social/emotional needs.¹ **This proposal addresses two focus areas identified by the State Commission: the Children with Disabilities and other Special Needs Focus Area and the Mental Health Focus Area.** The combination of these two focus areas was considered with significant input and discussion. It was determined that merging the two focus areas would be beneficial to maximize early identification of conditions that are often overlooked, improve connections to services for children with existing disabilities, and provide services to children in need of supports but who have no current diagnosis or eligibility for an existing categorical program (refer to the definition of target population below).

Building on the School Readiness Initiative, this project will test a reconfigured service delivery approach that provides families access to a spectrum and continuum of services appropriate to their child's individual special needs. Entry points for children and families will vary but all services will build on the existing community network of early childhood providers and programs. Comprehensive screening strategies will be improved/developed and provided to all children and families within the boundaries of selected School Readiness Initiative sites. Other services offered will reflect a range of intensities, from those that promote emotional health to early intervention to treatment strategies. These services will include interventions for preschool age children in the areas of education, health, mental health and social services. The project will provide consultation, education, and training for interdisciplinary teams of parents; early childhood educators; health, mental health, and social services providers; and others who work directly with children and families. Partnerships are key in the face of limited resources, and the expectation is that the First 5 California Special Needs Project, through its School

¹ "Social/emotional needs" vary widely and include child/parent attachment, behavioral problems, and emotional disturbance.

Readiness Initiative program base, will partner with families, forge new alliances among agencies and strengthen ties to other early childhood systems in their communities.

The proposed First 5 California Special Needs **Project Components** include:

A. Local Demonstration Sites at selected School Readiness Initiative Programs

Proposed Funding: Up to \$10 million total over 4 years (plus matching funds of at least equal value) for up to ten demonstration sites

B. Statewide Project Coordination and Training

Proposed Funding: Up to \$5 million total over 5 years

C. Program Evaluation

Proposed Funding: Up to \$1.5 million total over 5 years

D. Infant, Preschool, and Family Mental Health Initiative (IPFMHI)

Proposed Funding: \$3.5 million over the next 2 years

The funding recommendations and options presented here are in accord with and will further the CCFC Principles on Equity developed by the Advisory Committee on Diversity. These principles articulate the importance of inclusive governance and participation, access to services, legislative and regulatory mandates, and results-based accountability.

Target Population: The target population for the First 5 California Special Needs Project is children birth to five years of age who live in communities targeted by the School Readiness Initiative and are: 1) protected by the Americans with Disabilities Act (ADA); or 2) have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require educational, developmental, health, mental health, and related services and/or supports of a type or amount beyond that required generally.

Families whose children are eligible for the Individuals with Disabilities Education Act (IDEA) will benefit from early identification, IDEA-mandated services, and First 5 California supplemental and community-wide services offered at selected project sites. Attachments A and B provide data on children receiving services through IDEA. Families whose children are not eligible for IDEA but who require services, especially for social/emotional and behavioral issues, may receive services funded largely by First 5 California.

Goal: The First 5 California Special Needs Project seeks to promote strategies that improve practice in early identification of disabilities and other special needs and to promote school readiness for children with disabilities and other special needs. The project will assist families in navigating systems and accessing services. It is also important that young children receive services and supports in inclusive settings. Children who start off in settings with their peers who do not have disabilities are more likely to be included throughout their school years. This project will work with families, caregivers, educators, and health, mental health and social service providers to support young children with a broad spectrum of special needs in the context of and as an integral part of a community approach: the School Readiness Initiative. Strong interdisciplinary and

interagency partnerships will be required to ensure a continuous, effective program to identify and serve children in need of early intervention.

Project Emphasis Areas: The First 5 California Special Needs Project and the Infant, Preschool and Family Mental Health Initiative will focus on four major emphasis areas to achieve specific project outcomes. These will also be required emphasis areas for the First 5 California Special Needs demonstration sites and include:

1. **Universal access to screening for early identification/diagnosis and referrals for physical and developmental issues (including social/emotional/behavioral).²**
2. **Improved access to and utilization of screening, assessment, services and supports through coordination and reallocation of existing resources and building of new resources.**
3. **Inclusion of young children with disabilities and other special needs in appropriate typical child care and development settings and other community settings with the provision of necessary supports to help the child succeed in that environment.**
4. **Evaluation to identify effective practices and to improve programs.**

Please refer to Section III. Proposal on page 5 for examples of strategies to be used in achieving project outcomes in each of these areas.

II. BACKGROUND

School Readiness for children with disabilities and other special needs.

Significant gaps and disparities exist in the provision of services for young children with disabilities and other special needs.

Historically, special educators and regional center staff, under the auspices of the Individuals with Disabilities Education Act (IDEA), have served the learning needs of children with disabilities. The current system often waits for a child to fail rather than promote a model based on primary prevention and early intervention. The First 5 California Special Needs Project is designed to improve the systems accessibility for families of young children with disabilities and to serve young children whose disabilities have not yet been diagnosed or whose special needs do not meet the criteria under IDEA or the Americans with Disabilities Act (ADA).

“The prevalence of problematic behaviors in young children is about 10 percent. Studies focused on low-income children in kindergarten suggest that between 4 and 6 percent have serious emotional and behavioral disorders, and between 16 and 30 percent pose on-going problems to classroom teachers.”

Ready to Enter
National Center for Children in Poverty
2002

² This is a recommendation from the Master Plan for Education.

Young children with or at risk from emotional and behavioral disorders need services at earliest signs of symptoms, not only after a formal diagnosis. The First 5 California Special Needs Project seeks to address the challenges of providing services to children who have emotional and behavioral problems but are without a mental health diagnosis. System funding for early mental health services is extremely scarce and non-existent for children without a diagnosis. A diagnosis is a condition for reimbursement; children at risk of emotional disorders are not eligible for services. The Early Intervention Program (Part C of IDEA) can serve children under age three who are at risk of emotional/behavioral disorders but only if there is another disabling condition. The California Department of Education (CDE) data for preschool children served by special education programs at the local level (see Attachment A) reveals a snap shot of the number of children in each eligibility category. These data reveal that a very small number of children are identified as having emotional disturbance. While jurisdictions vary there is concern that funding challenges and interagency and interdisciplinary barriers result in children not receiving needed services in a timely fashion.

Inclusion challenges. Furthermore, parents of children with disabilities and other special needs have great difficulty in finding quality child care or any child care options for their children. In keeping with the support that First 5 CCFC has given for the increased availability of early childhood development programs through the School Readiness Initiative, there is now a need to ensure that these programs are available for all children. Increased numbers of programs present preschool administrators with opportunities and challenges to include children with disabilities and other special needs in their new quality preschool programs.

“Inclusion is not just a school issue; it is about participation of children (and older individuals) with disabilities as equal and accepted members of society. This societal value influences how school systems and early childhood programs such as Head Start and community-based child care serve young children with disabilities.”

An Administrator’s Guide to Preschool Inclusion
Early Childhood Research Institute on Inclusion (ECRII)
2000

Cost savings. Analyses of prevention and early intervention programs by the Starting Early Starting Smart project of the Casey Family Programs shows that “early childhood interventions can generate savings to government and benefits to society that exceed program costs.”³

Input on project design. The funding recommendations are drawn from numerous sources, including:

- A statewide strategic planning process involving families of children with disabilities, providers, and researchers and the “Investments to Create Positive Outcomes for Children with Disabilities and other Special Needs” report by the California Institute on Human Resources, Sonoma State University in collaboration with San Francisco

³ Assessing Costs and Benefits of Early Childhood Intervention Programs, Karoly, et al, Spring 2001

State University (the report includes information from other state efforts provided by the National Early Childhood Technical Assistance System – NECTAS)

- A research study and report “Barriers to Inclusive Child Care” completed by the WestEd Center for Prevention and Early Intervention (based on a literature review and field surveys throughout California conducted in 2000)
- CCFC’s Advisory Committee on Diversity.
- The Master Plan for Education, School Readiness Working Group
- The Children with Disabilities and Other Special Needs Subgroup and Mental Health Subgroup (merged into the Special Needs Subgroup) of the California Children and Families Association
- Families of children with disabilities who participated in the 2002 Statewide Conference of County Commissions
- Experts from local education, health, and mental health agencies and community-based organizations
- Interviews by CCFC staff with representatives from state agencies, including: Department of Education Child Development Division and Special Education Division; Departments of Developmental Services, Mental Health, Health Services, Alcohol and Drug Programs, Social Services; and the Child Development Policy Advisory Committee.
- Staff analysis of major projects currently funded by various state and national agencies.

III. PROPOSAL

A basic premise of the California Children and Families Act is that there is a need for and benefit of providing services and supports to very young children as early as possible to realize the maximum benefit. To extend this benefit to all children, it is important that the School Readiness Initiative assist children with disabilities and other special needs (including social/emotional and behavioral) to achieve their full potential.

The components of the proposed First 5 California Special Needs Project are:

- A. First 5 California Special Needs Demonstration Sites
- B. First 5 California Special Needs Project Coordination and Training
- C. Program Evaluation
- D. Infant, Preschool, and Family Mental Health Initiative (IPFMHI)

The project activities will be developed in conjunction with an advisory committee including representatives from the Advisory Committee on Diversity, County Commissions, families of children with special needs, service providers, trainers and selected state agencies. A description of these project components follows.

A. First 5 California Special Needs Project Demonstration Sites

Utilizing standardized tools and processes, the demonstration sites will identify children with disabilities and special needs at their earliest points of need, enhance the children's health and development, and support the families of these children in developing nurturing relationships and supportive learning environments for their children. Demonstration sites will address all of the following required project emphasis areas:

1. Universal access to screening for early identification/diagnosis and referrals for physical and developmental issues (including social/emotional/behavioral).⁴

Problem to be addressed: While there are multiple resources available (including health screening in entitlement programs and health insurance plans) universal screening for early identification/diagnosis of physical, developmental and social/emotional/behavioral issues and appropriate referrals and follow up are not consistently provided. Reasons for uneven screening include lack of outreach efforts, non-standardization of tools and screening processes, and insufficient numbers of trained professionals and paraprofessionals to do the screening and referrals.

Examples of strategies:

- a. First 5 Special Needs Project demonstration sites will train health providers and others to perform screening services. Sites will conduct outreach, provide universal access to screening, refer for assessments as needed, and follow up with families and providers. As such, the projects will target children who are not currently served by IDEA and will also assist families in accessing services for children who are eligible for services under IDEA.
- b. Demonstration sites will provide public awareness/education services on prevention, screening services, early intervention, and other resources.

Expected project outcome: Increase in the number of children who have comprehensive early and periodic screening and appropriate referrals for further interdisciplinary assessment or needed intervention services.

2. Improved access to and utilization of screening, assessment, services and supports through coordination and reallocation of existing resources and building of new resources.

Problem to be addressed: Although there is evidence of an array of resources provided in California, especially to support children with a diagnosis under the Individuals with Disabilities Education Act (IDEA), these resources for children appear to lack coordination, leaving families faced with maneuvering a complex

⁴ This is a recommendation from the Master Plan for Education.

and fragmented system. Furthermore, overall the state and community-based infrastructures for young children do not provide adequate incentives for prevention, early screening and identification, early intervention, and service coordination, especially for the preschool age population.

Examples of strategies:

- a. Sites will educate and involve families in the planning and provision of services for their children and in supporting their children at home. Sites will implement practices in furtherance of CCFC's Principles on Equity.
- b. Identify, refer and ensure the provision of comprehensive services to specific children with developmental delays, disabilities, health problems and/or multiple risk factors, including family conditions. These services would support children, families, and other caregivers in a variety of settings for young children. Sites will assist with critical transition periods (e.g., when the child reaches age three; when the child enters kindergarten).
- c. Target and provide relationship-based therapeutic mental health intervention (e.g., counseling, support groups, home visitation) to families of children diagnosed with emotional disorders or severe mental health problems; and to families of children who have experienced abuse, neglect, or violence.
- d. Target and provide mental health consultation and referral for treatment of parents and other family caregivers with mental health needs.
- e. Assist the family to establish a medical home for each child to ensure timely and appropriate services and to ensure continuity of care.
- f. Integrate supports for families. To accomplish the expected project outcomes, the demonstration sites will coordinate with community resources for families to identify and utilize, to the extent possible, existing interdisciplinary resources and to make systems improvements. These community resources include local Regional Centers and Early Start Family Resource Centers (FRCs) and networks, Parent Training and Information Centers (PTIs funded by federal grants), the 12 newly funded Family Empowerment Centers on Disability (SB 511), Special Education Local Planning Areas (SELPA's), local education agencies, mental health agencies, community colleges and universities, health departments, community clinics, Head Start, WIC, Family Resource Centers funded through the Office of Child Abuse Prevention, California Department of Social Services that provide services to families involved with the child protective services systems, the Child Care Health Linkages Project, and others.

Expected project outcome: Interjurisdictional plan that results in delivery of appropriate interdisciplinary early intervention services to young children who have been identified as having special needs or "at risk" of having special needs.

3. Inclusion of young children with disabilities and other special needs in appropriate typical child care and development settings and other community settings.

Problem to be addressed: An insufficient number and range of early childhood development providers are trained and equipped to serve children with special needs alongside typically developing children.

Examples of strategies:

- a. Offer appropriate options for inclusion, including full inclusion in an early childhood development program.
- b. Provide training on disability laws, inclusion practices and other pertinent issues (social and emotional development, child/parent attachment, behavioral issues, relationship building, etc.). This effort would be linked to local training and retention incentive programs.

Expected project outcome: Increased number of children with disabilities and other special needs placed in appropriate inclusive child care and development settings with provision of necessary supports to help the child succeed in that environment.

4. Evaluation activities to identify effective practices and to improve programs.

Problem to be addressed: There is a need to further test the efficacy of promising practices and to disseminate effective program designs. Evidence-based practice and programs can be powerful tools in supporting policy reforms at the state and local levels.

Examples of strategies:

- a. Participate in research studies and/or program evaluation to determine child, family, and system outcomes; implement participatory evaluation practices aligned with the School Readiness statewide evaluation, with appropriately disaggregated data.
- b. Document experiences and share best practices with other School Readiness Initiative programs, family resource centers, and others.

Expected project outcomes: A variety of measures that show movement in reaching the expected outcomes listed above.

Demonstration Site Selection Criteria will include:

- a. Utilizing a School Readiness Initiative Program as the principal platform.
- b. Extent to which the Special Needs Project emphasis areas are implemented and there is the capacity to fill gaps in the areas.
- c. Conformance with specific Project models that accommodate the priorities of each child and family and accommodate diversity across communities.

- d. Extent to which program design effectively coordinates and builds on existing resources, making cost effective use of those resources.
- e. Commitment to implement specific Project strategies and standards and to participate in research/evaluation.
- f. Commitment to serve as a dissemination model and, in conjunction with the School Readiness peer network, participate in training other School Readiness Initiative programs and selected partners.
- g. Population size and demographics in the catchment area. Applicants for funding will describe need, existing resources, goals, projected outcome indicators and diverse populations.
- h. Commitment to participate in training sessions arranged by the project coordinator/trainer and the IPFMHI.
- i. Commitment of 1:1 cash match beyond the School Readiness Initiative cash match.
- j. Intent to sustain effective strategies beyond the four-year demonstration funding.

Proposed Grantees: First 5 California will develop and release a Request for Funding (RFF) with incentive funds (with a local match requirement of 1:1, leveraging up to an additional \$10 million) for approximately ten demonstration sites from School Readiness Initiative programs that are representative of California's geographic and demographic diversity.

Proposed Funding: Up to \$10 million total (plus local match) over four years.

B. Statewide Project Coordination and Training

The major coordination and training activities would include:

1. **Coordinate and Support the First 5 California Special Needs Project Demonstration Site Component.**
 - a. **Convene an advisory group, with members approved by First 5 CCFC, to advise on implementation and evaluation of the Project.**
 Deliverables: The contractor will provide recommendations for refining the service design (identify specific program models/strategies to be implemented) and expected outcomes for the demonstration sites. The contractor will convene the advisory group approximately twice annually to provide input on the Project implementation and evaluation and provide a summary of the input to First 5 CCFC.
 - b. **Select and/or develop screening tools and screening processes.**
 Deliverable: The contractor will build on the work of the Department of Developmental Services, the Department of Mental Health's IPFMHI, and other state and national programs, to provide recommended standards (including periodicity) for screening all children, tools and training programs to the demonstration sites.

c. Collaborate with the Project Evaluation contractor.

Deliverable: The contractor will participate in developing the evaluation design for the demonstration sites and ensure that training consultants' efforts and training events are consistent with the evaluation objectives.

d. Coordinate a network of the demonstration sites selected by CCFC to support implementation of Special Needs workplans.

Deliverable: Interdisciplinary teams from the demonstration sites will meet periodically to share project status and form a "learning community."

Meetings will include Infant, Preschool, and Family Mental Health Initiative (IPFMHI) sites and Child Care Health Linkages Project personnel as appropriate for cross training. Contractor will provide ongoing assessment of project activities related to the expected project outcomes, determine lessons learned ("what works and what doesn't work"), implement program improvements, and develop a product for dissemination to other School Readiness programs (refer to 2.a., below).

e. Provide direct training and technical assistance to the demonstration sites including the development and implementation of culturally and linguistically appropriate strategies and approaches.

Deliverable: Within budget allocation limits to be specified, the contractor will provide specialized consultants to assist demonstration sites and their programs (through individual consultation on site or by telephone, small and large group training) to meet the expected project outcomes. Consultation will emphasize systems improvement and service coordination.

f. Build regional supports to expand the supply of trainers and trained providers to expand and improve inclusive child care and development options. Deliverable: Contractor will secure training, onsite mentoring and additional staff supports for School Readiness staff and early childhood development providers to effectively serve children with disabilities and other special needs. Specifically the contractor will work with the demonstration sites to coordinate with local Community Colleges, the local Child Care Resource and Referral agencies, and other existing local training/mentoring entities (also refer to 2.c., below).

2. Coordinate and Support Selected Statewide Training and Leadership Activities.

a. In support of the First 5 California Special Needs expected project outcomes, the contractor will collaborate with other First 5 California funded technical assistance entities (including the School Readiness technical assistance contractor, the IPFMHI, and the Child Care Health Linkages Project) to provide training to other First 5 California funded School Readiness Initiative programs and affiliated local services providers.

Deliverable: Within budget allocation limits to be specified, the contractor will provide training activities for the four CCFC technical assistance regions and make presentations at selected First 5 conferences and meetings. This will be a

less intensive level of training and technical assistance than that provided to the First 5 California Special Needs Project demonstration sites. These activities will include regional Transfer of Knowledge follow up workshops, distance learning options, website postings, and listserv notices or newsletters describing resources and activities. Specifically, the contractor will help County Commissions with needs assessments and action plans to coordinate and improve services for children with disabilities and other special needs through the School Readiness programs. Furthermore, the contractor will link County Commissions and School Readiness programs to existing training/technical assistance opportunities and resources. The contractor, in collaboration with the Evaluation Contractor, DMH and others, will produce a training resource that is a user-friendly guide (hard copy and web-based) on evidence-based practices and program financing, updated annually to summarize lessons learned by each demonstration site and program implementation recommendations. This resource will provide extensive practical applications of the Principles on Equity.

b. Participate in and support selected leadership activities at the state level to improve systems.

Deliverable: Make presentations on the demonstration site progress in interagency forums (e.g., the Interagency Coordinating Council on Early Intervention which includes the Departments of Developmental Services, Mental Health, Health Services, Social Services, Alcohol and Drug Programs, and Education) to generate support for site activities and promote expansion of effective practices.

c. Expand the workforce of qualified staff to achieve project outcomes.

Deliverable: The contractor will work with the community colleges, the Community College Chancellor's office, selected state agencies and their workforce preparation projects (e.g., the Department of Developmental Services' Community College Paraprofessional Preparation Project), and the Commission on Teacher Credentialing toward establishing a Child Development Permit with a Special Needs emphasis and to expand the number of early childhood development staff trained to work with children with disabilities and other special needs in inclusive settings. The contractor will coordinate and articulate this training with 4-year university training. The contractor will provide direct funding and other supports to approximately 15 Community Colleges that serve demonstration site/School Readiness Initiative areas, to develop and provide courses and practicum settings in the area of early childhood special needs. The contractor will assist the community colleges to modify their curriculum so that courses will: emphasize interdisciplinary teams and how to use community resources, provide information about specific disabilities, address family education and involvement, cover atypical development, including social/emotional/behavioral issues. The contractor will provide inclusion materials and resources (videos, etc.) to each community college. Colleges will collaborate with County Commissions to coordinate and support School

Readiness Initiative and Compensation and Retention professional development efforts. These community colleges will be evaluated to determine and document changes in curriculum, instructor methodology, student performance in a practicum setting, student placement, and effective coordination activities. The contractor will allocate \$1 million in support of this activity/deliverable. This level of investment will help to institutionalize this training in the Community College system. Please note: Community Colleges may suffer budget reductions in the state budget that may impact this component. We will keep the Commission updated if this occurs.

d. Provide consultation services to First 5 California.

Deliverable: The contractor will support First 5 California by reviewing and contributing to selected products and processes (e.g., Kit for New Parents contents, consumer tipsheets, technical assistance resources); providing concise summaries of current key research findings relevant to the Project; and collaborating with the Advisory Committee on Diversity on selected activities.

Project Coordination and Training Contractor Selection Criteria will include :

- a. Practical program experience with
 - child screening tools and processes
 - standards-based child assessments
 - outcome-based program evaluations
 - improving access to services
 - provision of early mental health services
 - inclusion of children with disabilities and other special needs
 - family education and involvement
 - development and implementation of culturally and linguistically appropriate services
- b. Ability to support local implementation of CCFC's Principles on Equity.
- c. Understanding of mental health, special education, child care and development, health, and other relevant family-serving systems.
- d. Experience in developing and delivering effective training and technical assistance to interdisciplinary teams in relevant topic areas, using various approaches and media.
- e. Experience with Child Development Permit programs, early childhood special education teacher and administrator preparation, training and retention.
- f. Comprehensive understanding of and intent to utilize appropriate existing quality educational materials and other practical resources.
- g. Knowledge of emerging policy and regulatory changes on the national and state level, e.g. IDEA reauthorization.
- h. Knowledge of effective, evidence based solutions to relevant implementation issues in California.

Proposed Contractor: Through an open and competitive bid process, First 5 California will select a contractor. **First 5 California will encourage interested parties to consider submitting joint applications to collectively accomplish the various aspects of this project.** A single lead entity will be awarded a contract to serve as the coordinator for the training and demonstration sites.

Proposed Funding: Up to \$5 million total over five years

C. Program Evaluation

Program Evaluation will be conducted on two levels. For the primary evaluation activities, First 5 California will contract for the development and implementation of a program evaluation design to measure the identified project outcomes. On a secondary level, to the extent that these programs will be integrated into the School Readiness Programs, they will be included in the statewide comprehensive evaluation of the School Readiness Initiative. The evaluation contractor will work with the First 5 California Special Needs Project Statewide Coordination and Training contractor to design and implement the project evaluation and in collaboration with the First 5 California statewide evaluator and the Statewide Evaluation Oversight Committee (SEOC) in order to assure the program evaluation design utilizes the School Readiness Initiative evaluation design to the greatest extent possible. The evaluation will include:

- a. Demographic data of children, families, and service providers;
- b. Quantitative data including number and types of needs and services;
- c. Cost data;
- d. Descriptive data including family satisfaction;
- e. Outcome based evaluation, including child, family and program/systems outcomes, aligned with CCFC's Statewide Evaluation, CDE's Desired Results, and other system wide data collection efforts;
- f. Impact/comparison study;
- g. Identifying and/or developing data collection tools;
- h. Data collection and storage;
- i. Analysis of data;
- j. Identification of policy implications; and
- k. Reporting and disseminating results for audiences CCFC identifies (annual interim reports and a final report).

The Evaluation Contractor will collaborate on and contribute to CCFC training activities and resources related to this project. The contractor will also provide direct support to the demonstration sites participating in the evaluation.

Proposed Contractor: First 5 California will select a contractor through a standard procurement process.

Proposed Funding: Up to \$1.5 million total over five years (depending on number and total funding of demonstration sites).

D. Infant, Preschool, and Family Mental Health Initiative

Although the First 5 California Special Needs Project merges two focus areas, staff recommends that continued separate funding of the existing contract for the IPFMHI would benefit this effort. The IPFMHI uses the mental health systems of care as a foundation and serves a high-risk, vulnerable population (e.g., children in the foster care system) from a county-level platform. Although, the IPFMHI local programs are not the desired platform for the proposed Special Needs Project designed to strengthen local School Readiness programs that serve all children in a community, there is value in providing an additional two years of funding.

Over the next two years the eight IPFMHI sites, the Department of Mental Health, and the IPFMHI training/evaluation contractor will be able (1) to produce program evaluation data for over three years of operation to demonstrate the efficacy of mental health services to young children and their families; and (2) document and disseminate effective practices, including program financing, that would assist School Readiness programs statewide to improve the quality of and access to mental health services for high risk families and children qualified for mental health services.

The IPFMHI sites must provide direct support by mentoring School Readiness Initiative programs, with a priority on First 5 California Special Needs Project demonstration sites. Furthermore, counties with IPFMHI local sites will be required to build on those efforts should they also receive funding for a Special Needs Project demonstration site. The major activities would include:

1. Demonstrate the efficacy of mental health services to young children and their families through the Infant, Preschool and Family Mental Health Initiative work in 8 counties:

- a. Continue support for county mental health to deliver direct clinical, case management and consultative services.
- b. Assist counties to further develop financing strategies to support early childhood mental health services in their county. Develop resources across agencies through interagency collaboration.
- c. Assess each county's referral system including triaging efforts with child protective services, early education/child development programs, medical facilities and families.
- d. Ensure that screening instruments are culturally and linguistically appropriate.
- e. Ensure that each child is assessed using multiple measures to ensure a more holistic evaluation.

2. Disseminate effective practices:

- a. Coordinate training efforts with the First 5 California Special Needs Project Coordination and Training contractor and School Readiness Technical Assistance contractor. Contribute to resource databank and calendar of events.

- b. Develop a product, such as a manual or handbook series (hand copy and web-based), that describes effective practices in the following areas (not a complete list) – referral and screening process, service coordination approaches, financing strategies, clinical activities, treatment models, case management activities, consultative activities, involvement of parents as part of the team, mental health services as part of the Individual Education Plan/Individual Family Service Plan, and interdisciplinary team development. These would be sections/components of a training resource produced for the entire Special Needs Project.
- c. Develop a core consultant group of IPFMHI participants, including Centers of Excellence and others, to provide regional training and consultation to other county mental health programs in conjunction with School Readiness Initiative programs (statewide).
- d. Develop a specialized consultant group of IPFMHI participants and others to provide more intense on site training, consultation and technical assistance to the First 5 California Special Needs Project demonstration sites (up to ten sites).

3. Evaluate the Project:

- a. Continue the clinical services study to follow children and families served over a longer time period to test for changes in family dynamics such as out-of-home care placement, etc.
- b. Expand and refine the clinical services study to include information about the child in the environment, assess any changes in caregiver, developmental status, etc.
- c. Produce a final report of the clinical services study that includes a user friendly summary of lessons learned by each county program and program implementation recommendations for evidence-based practices.

Proposed Contractor: Department of Mental Health

Proposed Funding: \$3.5 million total over the next two years

IV. INTERFACE/IMPACT ON OTHER PROGRAMS

A complex array of services available to young children with disabilities and other special needs and their families was considered in developing the proposed project components listed above. In consultation with many local and state partners and stakeholders, staff determined that these project components offer First 5 California a niche in this arena and that the project would complement existing services and strengthen the School Readiness Initiative.

In addition to collaborating with the IPFMHI, the First 5 California Special Needs Project would participate in cross training and coordinate services with another First 5 California funded project, the Child Care Health Linkages Project, which provides health consultation to a variety of child development settings (e.g., center-based, family home) in

20 counties throughout the state. The Child Care Health Linkages Project works with the child care provider community on a number of health issues including special medical needs (e.g., asthma, diabetes), children's mental health and their social-emotional wellness. This project recently reported that information on behavioral issues is the most requested topic by child care providers.

Through a project advisory committee, staff will continue to collaborate with local and state representatives to develop, design and evaluate the First 5 California Special Needs Project.

V. ESTIMATED TIMELINE

April-December 2003	Conduct procurement processes to contract with Statewide Project Coordination and Training entity and Project Evaluation entity.
January-June 2004	Develop and release Request for Funding (RFF) outlining required Project strategies, standards and expected outcomes for demonstration sites. Produce evaluation design. Contractors (Coordination and Training entity, Evaluation entity and DMH) complete first set of training deliverables. Contractors' biannual reports begin.
October 2004	Establish demonstration site agreements. Begin coordination, training and evaluation activities. Complete evaluation report for third year of IPFMHI.
September 2005	IPFMHI contract ends.
September 2008	Demonstration site agreements end.
December 2008	Project Coordination and Training contract and Project Evaluation contract end.

VI. ATTACHMENTS

- Attachment A: CDE Special Education Preschool Pupil Count by Disability, 1997-2001
- Attachment B: DDS Regional Center Point in Time Child Count, 1997-2002

Special Education Preschool Pupil Count by Disability (3, 4, 5 year old preschoolers)
From the December CASEMIS Data Submitted to CDE-SED
For the Period from 1997-2001

Year	Mental Retardation (MR) (#10)	Speech or Language Impairment (SLI) (#40)	Emotional Disturbance (ED) (#60)	Orthopedic Impairment (OI) (#70)	Specific Learning Disability (SLD) (#90)	Autism (AUT) (#120)	Other Low Incidence Disabilities-Hard of Hearing, Deafness, Visual Impairment, Other Health Impairment, Deaf-Blindness, Multiple Disability, Traumatic Brain Injury	TOTAL
1997	4,449	39,004	143	2,388	5,091	2,313	3,174	56,562
1998	4,317	38,310	139	2,379	4,828	2,667	4,197	56,837
1999	4,276	39,898	116	2,310	4,807	3,046	4,038	58,491
2000	4,081	39,355	136	2,284	4,358	3,422	4,015	57,651
2001	4,279	39,232	139	2,299	4,202	4,184	4,121	58,456

Regional Center Point in Time Child Count
Department of Developmental Services - Client Master File
Counts from the month of July
1997 – 2002
(children birth to 36 months of age)

YEAR	# Served
1997	16,997
1998	17,314
1999	18,346
2000	20,331
2001	20,884
2002	22,767